STATE OF INDIANA ) SS:	BEFORE THE INDIANA	
COUNTY OF MARION )	COMMISSIONER OF INSURANCE	
	CAUSE NUMBER: 8885-AG09-1201-240	
Shannon Wheeler-Farmer	)	
Respondent,		
5854 Spruance Road	DEC 16 2009	
Richmond VA 23225	) STATE OF INGIANA DEPT. OF INGURANCE	
License #: 655656	) DEFT. OF INDUSTANCE	

# **FINAL ORDER**

The Indiana Department of Insurance ("Department") and Shannon Wheeler-Farmer, a licensed non-resident insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval.

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth as attached as Exhibit A herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

# IT IS THEREFORE ORDERED by the Commissioner of Insurance:

- 1. Respondent provided incorrect, misleading, incomplete, or materially untrue information in a license application.
- 2. Respondent's conduct was in violation of Indiana Code § 27-1-15.6-12(b)(1).
- 3. Respondent will pay an Administrative fine of Two Hundred and Fifty Dollars (\$250.00) within thirty (30) days of this Commissioner's Final Order.

ALL OF WHICH IS ORDERED this \_\_\_\_\_\_ day of December 2009.

Carol Cutter, Commissioner

Indiana Department of Insurance

### Distribution:

Nikolas P. Mann INDIANA DEPARTMENT OF INSURANCE 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

Shannon Wheeler-Farmer 5854 Spruance Road Richmond VA 23225

# **GEICO**

Attn: Cheryl Hoffman One GEICO Blvd. Fredericksburg VA 22412

STATE OF INDIANA	) ) SS:	BEFORE THE INDIANA
COUNTY OF MARION	)	COMMISSIONER OF INSURANCE
		CAUSE NUMBER: 8885-AG09-1201-240
IN THE MATTER OF:		)
Shannon Wheeler-Farmer		
Respondent,		DEC 16 2009
5854 Spruance Road Richmond VA 23225		STATE OF INDIANA DEPT. OF INSURANCE
License #: 655656		)

#### AGREED ENTRY

This Agreed Entry is executed by Nikolas P. Mann, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and Shannon Wheeler-Farmer, a licensed non-resident insurance producer. This Agreed Entry is subject to the review and approval of the Commissioner of the Indiana Department of Insurance.

WHEREAS, Respondent Shannon Wheeler-Farmer is a resident of Virginia; and WHEREAS, Respondent is a licensed non-resident insurance producer, holding license number 655656; and

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without a hearing or the necessity of the filing of a statement of charges;

IT IS, THEREFORE, NOW AGREED by and between the parties as follows:

- 1. The Commissioner has jurisdiction over the subject matter of, and the parties to, this Agreed Entry.
- 2. This Agreed Entry is executed voluntarily by the parties.

Respondent voluntarily and freely waives her right to a public hearing. 3.

4. Respondent voluntarily and freely waives her right to petition for judicial

review of this agreement and the Commissioner's Final Order.

5. Respondent failed to disclose a misdemeanor criminal conviction on her

application for an Indiana producer license.

Respondent provided incorrect, misleading, incomplete, or materially 6.

untrue information in a license application.

Respondent's conduct was in violation of Indiana Code § 27-1-15.6-7.

12(b)(1).

Respondent will pay an Administrative fine of Two Hundred and Fifty 8.

Dollars (\$250.00) within thirty (30) days of the Commissioner's Final

Order.

9. The Department agrees to accept Respondent's compliance with the terms

of this agreement as full resolution of the issues regarding Respondent's

producer license.

Respondent has carefully read and examined this agreement and fully 10.

understands its terms.

Nikolas P. Mann, Attorney

Indiana Department of Insurance

Shannon Wheeler-Farmer, Respondent

-2-

STATE OF VIRGINIA	)
COUNTY OF Statey IVANIA	) SS: )

Before me a Notary Public for hand Wheeler-Farmer and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

My Commission expires: 11.30-10

County of Residence: Spotsylvania